

03500.016243



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
	:	Examiner: D. Meyer
KAZUO FUJIBAYASHI et al.)	
	:	Group Art Unit: 2878
Application No.: 10/084,928)	
	:	
Filed: March 1, 2002)	Confirmation No.: 7120
	:	
For: IMAGE READING IMAGING OP-)	March 2, 2004
TICAL SYSTEM AND IMAGE	:	
READING APPARATUS USING)	
THE SAME	:	

MAIL STOP AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AFTER FINAL REJECTION

Sir:

In response to the final Office Action dated December 2, 2003, Applicant respectfully submits the following amendments and remarks.



Image

AF
2878

In re Application of:

KAZUO FUJIBAYASHI et al.

Application No.: 10/084,928

Filed: March 1, 2002

For: IMAGE READING IMAGING OPTICAL
SYSTEM AND IMAGE READING APPARATUS
USING THE SAME

Docket No. 03500.016243

Examiner: D. Meyer

Group Art Unit: 2878

Confirmation No.: 7120

Date: March 2, 2004

MAIL STOP AF

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment After Final Rejection in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	80	MINUS	80	0	x \$9 \$18	\$ -0-
INDEP. CLAIMS	9	MINUS	9	0	x \$43 \$86	-0-
Fee for Multiple Dependent claims \$140/\$280						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$ -0-

☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.

☐ A check in the amount of \$_____ is enclosed.

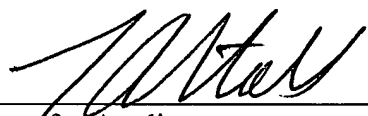
☐ Charge \$____ to Deposit Account No. 06-1205. A duplicate of this sheet is enclosed.

☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate of this paper is enclosed.

☐ A check in the amount of \$_____ to cover the fee for a __ month extension is enclosed.

☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.

☒ Applicants' undersigned attorney may be reached in our Washington office by telephone at (202) 530-1010. All correspondence should be directed to our address given below.



Attorney for Applicants
Lawrence A. Stahl
Reg. No. 30,110

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